

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>5</u>	
1. PLACE OF DEATH							
COUNTY <u>Apache</u>		STATE <u>ARIZONA</u>		REGISTERED NO. _____			
TOWNSHIP _____		OR VILLAGE _____		OR _____			
CITY <u>St. Johns</u>		NO. _____		ST. _____		WARD _____	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE		IN CITY OR TOWN WHERE DEATH OCCURRED		YRS. _____ MOS. _____ DS. _____		HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____	
2. FULL NAME <u>Thomas Lacy Greer</u>		HOW LONG IN STATE WHEN DEATH OCCURRED		YRS. _____ MOS. _____ DS. _____			
(A) RESIDENCE: NO. _____		ST. _____		WARD _____		(IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)	
(USUAL PLACE OF ABODE)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>					
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie M. Greer</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 8, 1895</u>							
7. AGE	YEARS <u>40</u>	MONTHS _____	DAYS _____	IF LESS THAN 1 DAY, _____ HRS. _____ MIN.			
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Stockman</u>						
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____						
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____			11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____			
12. BIRTHPLACE (CITY OR TOWN) <u>Concho, Arizona</u> (STATE OR COUNTY)							
FATHER	13. NAME <u>John Harris Greer</u>						
	14. BIRTHPLACE (CITY OR TOWN) <u>Texas</u> (STATE OR COUNTY)						
MOTHER	15. MAIDEN NAME <u>Orpha E. Nicolls</u>						
	16. BIRTHPLACE (CITY OR TOWN) <u>Texas</u> (STATE OR COUNTY)						
17. INFORMANT <u>Mrs. Nellie T. Greer</u> (ADDRESS) <u>St. Johns, Arizona</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns, Ariz.</u> DATE <u>4/16</u> , 19 <u>36</u>							
19. EMBALMER		LICENSE NO. _____ SIGNATURE _____					
FUNERAL DIRECTOR		ADDRESS _____					
20. FILED <u>May 1</u> , 19 <u>36</u>		REGISTRAR <u>J. J. Boudin</u>					
		(ADDRESS) <u>St. Johns, Arizona</u>					
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 15, 1936</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Apr 13</u> , 19 <u>36</u> , TO <u>Apr 15</u> , 19 <u>36</u>							
I LAST SAW HIM ALIVE ON <u>Apr 13</u> , 19 <u>36</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>4 p</u> M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET							
<u>Automobile Overturned Apr 13-36</u> <u>Fractured Skull - Concussion</u> <u>and Cerebral hemorrhage Apr 13-36</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
<u>Speeding Automobile</u>							
NAME OF OPERATION <u>Spinal puncture</u> DATE OF <u>Apr 14/36</u>							
WHAT TEST CONFIRMED DIAGNOSIS? <u>Symptoms</u> WAS THERE AN AUTOPSY? _____							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: <u>Accident</u> DATE OF INJURY <u>Apr 13, 1936</u>							
ACCIDENT, SUICIDE, OR HOMICIDE? _____							
WHERE DID INJURY OCCUR? <u>1 mi. S of St. Johns Ariz</u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>Highway</u>							
MANNER OF INJURY <u>Overturning Automobile</u>							
NATURE OF INJURY <u>Head injury</u>							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>							
IF SO, SPECIFY (SIGNED) <u>J. J. Boudin</u> M. D.							
(ADDRESS) <u>St. Johns, Arizona</u>							